

years. With the administration looking for ways to reduce Medicaid costs, passing ETHA would be a good start. It's also the right thing to do.

SAFE GUN STORAGE SAVES LIVES

Mr. LEVIN. Mr. President, the debate on how to most effectively combat gun violence frequently centers on the ability of criminals to access dangerous firearms. Today, I would like to call my colleagues' attention to another important issue in our fight against gun violence: the ability of our teenagers and children to access firearms. Safe storage and child access prevention laws are critical steps as we seek to reduce the occurrence of accidental shootings and suicides involving guns. Such tragedies have claimed the lives of thousands of young people and destroyed families even though many of these occurrences could have been prevented by common sense legislation.

According to a Journal of the American Medical Association study released in 2001, suicide is the third-leading cause of death among youth aged 10 to 19. Between 1976 and 2001, the period of the study, nearly 40,000 youth aged 14 to 20 committed suicide using a gun. The study also found that there was a significant reduction in youth suicide rates in States that had child access prevention laws. Unlike suicide attempts using other methods, suicide attempts with guns are nearly always fatal. These children get no second chance.

The Brady Campaign to Prevent Gun Violence reported in 2004 that teenagers and children are involved in more than 10,000 accidental shootings in which close to 800 people die each year. Further, about 1,500 children age 14 and under are treated in hospital emergency rooms for unintentional firearm injuries. About 38 percent of them have injuries severe enough to require hospitalization. Blocking unsupervised access to loaded guns is the key to preventing these occurrences.

A study published last week in the Journal of the American Medical Association found that the risk of unintentional shooting or suicide by minors using a gun can be significantly reduced by adopting responsible gun safety measures. According to the study, when ammunition in the home is locked up, the risk of such injuries is reduced by 61 percent. Simply storing ammunition separately from the gun reduces such occurrences by more than 50 percent.

During the 108th Congress, I joined with 69 of my colleagues in voting for Senator BOXER's trigger lock amendment. Senator BOXER's amendment would have required that all handguns sold by a dealer come with a child safety device, such as a lock, a lock box, or technology built into the gun itself that would increase the security of the

weapon while in storage. The underlying gun industry immunity bill to which this amendment was attached was later defeated in the Senate, but the need and support for this legislation is clear. In light of the bipartisan support for this trigger lock amendment during the last Congress, I am hopeful that the 109th Congress will take up and pass common sense trigger lock legislation.

While the problems of youth suicide and accidental shooting cannot be legislated away, trigger locks and other sensible gun safety measures can help limit children's access to firearms. It is clear that reducing our kids' access to guns can save lives. The time has come to support the efforts of States who have enacted common sense child access prevention laws and make responsible storage of firearms standard around the Nation.

HEALTH ACT

Mr. ENSIGN. Mr. President, last week, I reintroduced the HEALTH Act to address the national crisis our doctors, hospitals and those needing healthcare face today.

Every day, patients in Nevada and across America are losing access to healthcare services. Several states are losing medical professionals at an alarming rate, leaving thousands of patients without a healthcare provider to serve their needs.

Because of increasing medical liability insurance premiums, it is now common for obstetricians to no longer deliver babies, and for other specialists to no longer provide emergency calls or perform certain high-risk procedures.

Women's health in Nevada and elsewhere in the country is in serious jeopardy as new doctors turn away from specialties and as practicing doctors close their doors.

I have been told that one in seven fellows of the American Academy of Obstetricians and Gynecologists have stopped practicing obstetrics because of the high risk of liability claims.

When Ms. Jill Forte of Las Vegas, found out that she was pregnant with her second child, she called her doctor. The doctor told her that because of insurance costs, she could no longer deliver her baby. So Jill started calling around. She was told the same thing by five different doctors. She even considered going to California for care.

Fortunately, Ms. Forte was able to make a connection through a friend for a local doctor to take her case. She said:

I was in total shock. I didn't know what was going on until it happened. Looking for a doctor, worried about finding a doctor when you're pregnant is a stress that is an unnecessary stress. It's a stress caused by frivolous and junk lawsuits. It doesn't make any sense to have a society that sues so often that expectant mothers are worried about finding a doctor.

Unfortunately, her story is becoming too commonplace.

Additionally, hundreds of emergency departments have closed in recent years. Emergency departments have shut down in Arizona, Florida, Mississippi, Pennsylvania, and Nevada, among others. During this same time, the number of visits to the Nation's emergency departments climbed more than 20 percent. While more Americans are seeking emergency medical care, emergency departments are losing critical staff and essential resources.

In my home State of Nevada, our only Level I trauma care center closed for 10 days in 2002, leaving every patient within 10,000 square miles unserved by a trauma unit. In fact, Ms. Mary Rasor's father died in Las Vegas last year when he could not obtain access to emergency trauma care because of the closure.

Doctors are also limiting their scope of services. More than 35 percent of neurosurgeons have altered their emergency or trauma call coverage because of the medical liability crisis. As a result, many hospitals, including Level II trauma centers, no longer have neurosurgical coverage 24 hours a day, 7 days a week. Consequently, patients with head injuries or in need of neurosurgical services must be transferred to other facilities, delaying much-needed care.

An example of this problem was recently brought to my attention by Dr. Tony Alamo of Henderson, Nevada. During his tenure as chief of staff at Sunrise Hospital, Dr. Alamo was presented with a teenager suffering from a Myasthenia Gravis crisis in need of immediate medical treatment. This condition involves shortness of breath due to muscle weakness. Such shortness of breath can become severe enough to require hospitalization for breathing support, as well as treatment for the underlying infection. If the problem is not identified and treated correctly, it could lead to death.

Dr. Alamo told me that because of the medical liability situation, there was no emergency room neurologist on call to assist this young woman. Many neurologists are afraid to become involved in difficult cases like this because of the high risks of medical liability. Consequently, Dr. Alamo had the young woman transported to California by helicopter to receive the care she needed. Because of the reasonable laws in California, neurologists aren't afraid to take call.

The bottom line is that patients cannot get the healthcare they need when they need it most. By definition, this is a medical crisis. The crisis boils down to two factors: affordability and availability of medical liability insurance for providers.

With regard to affordability, the Medical Liability Monitor found that in 2004, obstetricians in Dade County,